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PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
with Initial
Filing **OR** Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	1/1150
First Named Inventor	Helmut MEISSNER
COMPLETE IF KNOWN	
Application Number	09/ / 965,766
Filing Date	09/28/2001
Group Art Unit	
Examiner Name	

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**ANTICHOLINERGICS, PROCESSES FOR PREPARING THEM, AND
PHARMACEUTICAL COMPOSITIONS CONTAINING THEM**

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) **09/28/2001**

as United States Application Number or PCT International

Application Number **09/965,766** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
DE 100 50 995.9	Germany	10/14/2000	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/249,350	11/16/2000	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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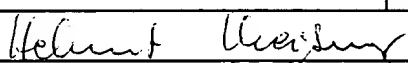
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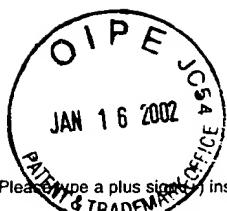
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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)				
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.						
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input type="checkbox"/> Customer Number <input style="width: 100px; border: 1px solid black;" type="text"/> → Place Customer Number Bar Code Label here						
<input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below						
Name	Registration Number	Name				
Robert P. Raymond	25,089	Susan K. Pocchiari				
Alan R. Stempel	28,991	Philip I. Datlow				
Mary-Ellen M. Devlin	27,928	Timothy X. Witkowski				
Anthony P. Bottino	41,629	45,016				
41,482	40,232					
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/C2C attached hereto.						
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label <input style="width: 100px; border: 1px solid black;" type="text"/> <input type="checkbox"/> Correspondence address below						
Name						
Address						
Address						
City	State	ZIP				
Country	Telephone	Fax				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
<input type="checkbox"/> Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle if any)		Family Name or Surname				
Helmut		MEISSNER				
Inventor's Signature			Date	Nov. 14 2001		
Residence: City	Ingelheim	State	Country	Germany	Citizenship	DE
Post Office Address	Hallgartenerstrasse 9					
Post Office Address						
City	Ingelheim	State	ZIP	55218	Country	Germany
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>2</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto						



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PTO/SB/02A (3-97)

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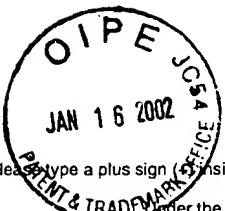
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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Gerd		MORSCHHAEUSER					
Inventor's Signature	<i>Gerd Morschaeuser</i>						Date Nov 15 2001
Residence: City	Ingelheim	State	Country	Germany		Citizenship	DE
Post Office Address	Obere Muhl 9						
Post Office Address							
City	Ingelheim	State	ZIP	55218	Country	Germany	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Michael Paul		PIEPER					
Inventor's Signature	<i>Michael Paul Pieper</i>						Date Nov 16 2001
Residence: City	Ingelheim	State	Country	Germany		Citizenship	DE
Post Office Address	Selztalstrasse 108						
Post Office Address							
City	Ingelheim	State	ZIP	55218	Country	Germany	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Gerald		POHL					
Inventor's Signature	<i>Gerald Pohl</i>						Date Nov 22 2001
Residence: City	Biberach	State	Country	Germany		Citizenship	DE
Post Office Address	Akazienweg 12						
Post Office Address							
City	Biberach	State	ZIP	88400	Country	Germany	

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PTO/SB/02A (3-97)

DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Richard		REICHL					
Inventor's Signature	<i>Richard Reichl</i>					Date	Nov. 16 2002
Residence: City	Gau-Algesheim	State		Country	Germany	Citizenship	DE
Post Office Address	Im Hippel 55						
Post Office Address							
City	Gau-Algesheim	State		ZIP	55435	Country	Germany
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Georg		SPECK					
Inventor's Signature	<i>Georg Speck</i>					Date	Nov. 16 2002
Residence: City	Ingelheim	State		Country	Germany	Citizenship	DE
Post Office Address	In der Bitz 10						
Post Office Address							
City	Ingelheim	State		ZIP	55218	Country	Germany
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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Case No. 1/1150